

Child Protection Policy

Rationale:

The well-being and safety of children/tamariki is of utmost concern to Whaingaroa Childcare and includes the prevention of child abuse or maltreatment. The interest and welfare of the child will be the primary consideration when any action is taken about suspected abuse.

Whaingaroa Childcare will be familiar with the legislative requirements of the Children's Act 2014, Licencing Criteria and Early Childhood regulations, which serve to protect children and young persons from abuse. We will consult with NZ Police, Oranga Tamariki and other agencies with specialist knowledge when needed and our staff will not assume responsibility beyond their level of experience or training.

Objective:

This policy guides the actions of the centre whenever there is a concern about the suspected abuse or mistreatment of children. This includes recording concerns, if a child discloses abuse, suspected abuse by a staff member or suspected abuse between children at the programme.

- To promote, protect and fulfil children's rights to protection from abuse, exploitation, and violence.
- To educate, protect, and put boundaries in place for teachers, students, staff, visitors, families and whaanau who work alongside children within the early childhood setting.
- To have action plans in place for responding, reporting, and documenting abuse and neglect.
- This policy applies to children, parents and extended whanau of enrolled children, employees, teachers, student teachers, volunteers, visitors, contractors, and external agencies of Whaingaroa Childcare.

General definitions

- Child – any person under the age of 16 years
- Teacher – any person in paid employment with the primary role of providing care and education to children under the age of 6 years old. This includes casual relief teachers.
- Other employee – any other person who is in paid employment with Whaingaroa Childcare
- Contractor – any person whose services are paid for on an as needed basis, but is not employed directly by Whaingaroa Childcare
- Teaching Student – any person who is in training with a tertiary education provider, and who is attending the centre to gain teaching experience as part of their qualification
- Volunteer – Any person who is in the centre in an unpaid capacity to gain experience in an ECE environment.
- Visitor – any person who is on the premises of the childcare centre in any other capacity than those listed above.

Confidentiality and information sharing

The Privacy Act 2020 and the Oranga Tamariki Act 1989 allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Note that under sections 15 and 16 of the Oranga Tamariki Act, any person who believes that a child has been, or is likely to be, harmed physically, emotionally, or sexually or ill-treated, abused, neglected, or deprived may report the matter to Oranga Tamariki or the Police and, provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.

As per HS34 of the licencing criteria where Whaingaroa Childcare reports to NZ Police, or Oranga Tamariki or the Teaching Council, they must also notify the Ministry of Education at the same time.

This must be done by sending a copy of the notification sent to the specified agency to the Ministry of Education at Enquiries.hamilton@education.govt.nz

Training

- As part of our induction process new employees are required to become familiar this child protection policy and undertake further training as required.
- Teaching staff are required to be involved in an annual review of this policy.

Identifying possible abuse or neglect

Child abuse is defined as the harming (whether physically, emotionally, or sexually), ill treatment, abuse, neglect, or serious deprivation of any child/tamariki, young person/rangatahi (Oranga Tamariki Act 1989).

Child abuse and neglect encompasses:

Emotional Abuse

Emotional abuse occurs when a child's emotional, psychological, or social well-being and sense of worth is continually battered. We also include exposure to Family Violence in this category.

Neglect

Neglect is a pattern of behaviour that occurs over a period of time and results in impaired functioning/development. It is a failure to provide for a child's basic needs.

Physical Abuse

Physical abuse can be caused from smacking, punching, beating, kicking, shaking, biting, burning, or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family and is considered abuse regardless of whether or not it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes.

Sexual Abuse

Sexual abuse includes acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose

Physical Abuse

"Physical abuse is a non-accidental act on a child that results in physical harm."

It can be caused from punching, beating, kicking, shaking, biting, burning, or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family and is considered abuse regardless of whether or not it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes.

Injuries to a child may vary in severity and range from minor bruising, burns, welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.

There may be **physical indicators** that a child is being abused. Some examples of this are:

- Unexplained bruises, welts, cuts, abrasions
- Unexplained burns, small circular burns, immersion burns, burns with a pattern (i.e., iron)
- Unexplained injuries, fractures, or dislocations.
- Bruises in multiple areas at different stages of healing
- Teeth marks, handprints, fingertips, belt imprints etc

There may also be **indicators in a child's behaviour** that could indicate physical abuse. Some examples of this are:

- Is wary of adults or of a particular individual
- Is violent to animals or other children
- Is dressed inappropriately to hide bruises or other injuries
- May be extremely aggressive or extremely withdrawn
- May cringe or flinch if touched
- Have a vacant stare or frozen watchfulness
- Extremely compliant or eager to please
- Afraid to go home
- Cannot recall how the injuries occurred or gives inconsistent explanations

There may be **indicators in adult behaviour** that could indicate physical abuse. Some examples of this are:

- May be vague about the details of the cause of injury and the account of the injury may change from time to time
- May blame the accident on a sibling, friend, relative or the injured child
- Shakes an infant
- Threats or attempts to injure a child
- Is aggressive towards a child in front of others
- May delay in seeking medical attention for a child

Neglect

“Neglect is a pattern of behaviour which occurs over a period of time and results in impaired functioning or development of a child. It is the failure to provide for a child's basic needs.”

Neglect may be:

- Physical - failure to provide necessary basic needs of food, shelter or warmth
- Medical - failure to seek, obtain or follow through with medical care for the child
- Abandonment - leaving a child young person in any situation without arranging necessary care for them and with no intention of returning
- Neglectful supervision – failure to provide developmentally appropriate or legally required supervision
- Refusal to assume parental responsibility - unwillingness or inability to provide appropriate care for a child

There may be **physical indicators** that a child is being neglected. Some examples of this are:

- Inappropriate dress for the weather
- Extremely dirty or unbathed
- Inadequately supervised or left alone for unacceptable periods of time
- Left with an inappropriate caregiver
- Malnourished
- Have unattended health problems
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper care or lack of hygiene

There may also be **indicators in a child's behaviour** that could indicate neglect. Some examples of this are:

- Demonstrates lack of attachment to carers
- Demonstrates indiscriminate attachment to other adults
- Developmental lags and possibly global delay
- Poor school attendance or school performance
- Poor social skills
- May steal food
- Is very demanding of affection or attention
- Has no understanding of basic hygiene

There may be **indicators in adult behaviour** that could indicate neglect. Some examples of this are:

- Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care
- Fails to enrol a child in school or permits truancy
- Leaves the child home alone
- Is overwhelmed with own problems and puts own needs ahead of the child's needs

Emotional abuse

"Emotional abuse occurs when a child's emotional, psychological or social well-being and sense of worth is continually battered. It can include a pattern of criticising, rejecting, degrading, ignoring, isolating, corrupting, exploiting, and terrorising a child. It may result from exposure to family violence or involvement in illegal or anti-social activities."

Emotional abuse is almost always present when other forms of abuse occur.

There may be **physical indicators** that a child is being emotionally abused. Some examples of this are:

- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (e.g., Headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhoea
- Dehydration

- Has not attained significant developmental milestones
- Dressed differently from other children in the family
- Appears pale, emaciated
- Malnutrition
- Has deprived physical living conditions compared with other children in the family

There may also be **indicators in a child's behaviour** that could indicate emotional abuse. Some examples of this are:

- Suffers from severe developmental gaps
- Severe symptoms of depression, anxiety, withdrawal, or aggression
- Nightmares, poor sleep patterns
- Antisocial behaviour
- Lack of self esteem
- Severe symptoms of self-destructive behaviour – self harming, suicide attempts, engaging in drug or alcohol abuse
- Overly compliant; too well-mannered; too neat and clean
- Displays attention seeking behaviours or displays extreme inhibition in play
- When at play, behaviour may model or copy negative behaviour and language used at home

There may be **indicators in adult behaviour** that could indicate emotional abuse. Some examples of this are:

- Constantly calls the child names, labels the child, or publicly humiliates the child
- Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one
- Has unrealistic expectations of the child
- Involves the child in “adult issues”, such as separation or access issues
- Keeps the child at home in a role of subservient or surrogate parent

Sexual Abuse

“Sexual abuse includes acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose.”

While it may involve a stranger, most sexual abuse is perpetrated by someone the child knows and trusts.

There are two types of sexual abuse: contact abuse and non-contact abuse.

Contact abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes sexual touching of any part of the body whether the child's wearing clothes or not; rape or penetration by putting an object or body part inside a child's mouth, vagina or anus; forcing or encouraging a child to take part in sexual activity; making a child take their clothes off, touch someone else's genitals or masturbate.

Non-contact abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing.

It includes: encouraging a child to watch or hear sexual acts; not taking proper measures to prevent a child being exposed to sexual activities by others; meeting a child following sexual grooming with the intent of abusing them; online abuse including making, viewing or distributing child abuse images; allowing someone else to make, view or distribute child abuse images; showing pornography to a child; sexually exploiting a child for money, power or status (child exploitation).

There may be **physical indicators** that a child is being sexually abused. Some examples of this are:

- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or faeces
- Sexually transmitted disease
- Pain during urination or defecation
- Urinary infections
- Unusual or excessive itching or pain in the genital or anal area

There may also be **indicators in a child's behaviour** that could indicate sexual abuse.

Some examples of this in young children are:

- Age-inappropriate sexual play with toys, self, others
- Bizarre, sophisticated, or unusual sexual knowledge
- Comments such as "I've got a secret", or "I don't like Uncle"
- Refuses to go home or to a person's home for no apparent reason
- Fear of certain people
- Regressive behaviour
- Fire lighting by boys
- Fear of certain places e.g., bedroom or bathroom

There may be **indicators in adult behaviour** that could indicate sexual abuse. Some examples of this are:

- May be unusually over-protective of a child
- Is jealous of a child's relationships with peers or other adults or is controlling of the child
- May favour the victim over other children
- Demonstrates physical contact or affection to a child which appears sexual in nature or has sexual overtones

Sexualised behaviours in children

Some sexualised behaviours are expected in children and these are a normal part of exploring their identity.

We categorise sexual behaviours according to the traffic light system

Green is age appropriate and normal sexual development; spontaneous, curious, lighthearted, mutual and easily distracted from. This type of behaviour often reflects information gathering

When we observe GREEN BEHAVIOURS, we will redirect children's play when needed.

Green behaviours from birth to five years are:

- Thumb sucking, body stroking and holding of genitals
- Wanting to touch other children's genitals
- Asking about or wanting to touch the breasts, bottoms, or genitals of familiar adults e.g. When in the bath
- Games – doctor/nurse, show me yours, I'll show you mine
- Enjoyment of being nude
- Interest in body parts/functions

Orange is outside normal sexual behaviours in terms of persistence, frequency or inequality in age or developmental abilities.

When we observe any ORANGE BEHAVIOURS, we will begin by recording what we see/hear so we can assess appropriate action. That action may include a referral to the Children's Hub, ORANGA TAMARIKI or the Police.

Orange behaviours from birth to five years are:

- Preoccupation with adult sexual type behaviour
- Pulling other children's pants down/skirt up against their will
- Explicit sexual conversation using sophisticated or adult knowledge
- Preoccupation with touching another's genitals (often in preference to other child focused activities)
- Chronic peeping
- Following others to the toilets to look at or touch them

Red are sexual behaviours that are outside what is considered normal, that is excessive, secretive, compulsive, coercive, or degrading.

When we observe any RED BEHAVIOURS, we will immediately inform ORANGA TAMARIKI and/or the Police.

Red behaviours from birth to five years are:

- Simulation of explicit foreplay or sexual behaviour in play
- Persistent masturbation
- Persistent touching of the genitals of other children
- Persistent attempts to touch the genitals of adults
- Sexual behaviour between young children involving penetration with objects
- Forcing other children to engage in sexual play

Intervening with Sexual Behaviour Problems

Four Step Model of Intervention

Attitude: Separate the child from the behaviour. Know they are behaving inappropriately because they have been hurt and have not gotten the modelling, guidance and limits they need – not because they are bad. They may not understand that what they are doing is wrong or may have difficulty controlling themselves.

Strive to teach, not punish, or shame. Use words that describe behaviour such as “not O.K.” or “against the rules” instead of words that judge the person such as “bad” or “misbehaving” or “nasty”. Stay calm, use simple, direct and few words, set limits firmly, and help child feel your support.

Technique for confronting children's sexual behaviour problems

Stop the behaviour – tell the child to stop, remove the child's hand, separate the children, have them pull up pants, etc.

Define the behaviour – describe specifically and clearly what the child is doing that is not okay. The more specific and clearer, the better opportunity the child has to change or relearn his/her behaviour. If we react with general anger, the child may interpret our anger as "I'm bad" instead of "What I'm doing is wrong". Instead of "Stop that!" or "Don't do that!" or "That's bad!" try "You are poking Billy's private parts and that's not okay." Or "You are being sexual with the dog, and we already talked about how it is not okay."

State the house rule or expectation about this behaviour – Don't lecture, state matter-of-factly with as few words as possible. "In this house...", or "The rule is..." or "We expect everyone in our family to..."

Re-direct the child (let him/her know what you expect him/her to do) and/or enforce the consequence – For younger children you can redirect the child to more appropriate behaviour. End the encounter on a positive note and praise the child when he/she acts in the way you suggest. If the child is older and this behaviour is repetitive, you may wish to set up a consequence and enforce it matter-of-factly and consistently.

Responding to abuse or neglect

There are several ways in which you might become aware of or suspect child abuse; disclosure by the child, indirect disclosure, observed behaviours that cause concern or notified by others of their concerns.

The full process for responding to suspected child abuse is given in the **reporting process flowchart on page 17-20**

Report **all suspicions, observed incidents, reports of incidents or disclosures** directly to the person in charge as soon as possible. *You should never act on your own.* The person in charge is responsible for informing the centre owners as soon as possible.

Take immediate steps to protect the children and then **document** what you have seen/been told in a written record. *An **incident report template** is provided on page 21 of this document. A **Record of Concerning Sexual Behaviour** is provided on page 22. A template to **record injuries** is provided on page 23.*

If there is clear evidence or reasonable cause to believe an instance of child abuse has taken place, the person in charge shall notify Oranga tamariki on 0508 326 459. **If you believe a child is in immediate danger, call the Police on 111.**

If referral is made to the Police or Oranga tamariki **a copy of the notification shall be sent to the Ministry of Education (HS34).**

Guidance on creating a safety plan for children whilst at centre is provided on page 24-27

If a child's behaviour affects other children's health and wellbeing at centre, a meeting between parents and Centre manager shall be called to discuss with the situation. The final decision for action will be made by the Management team with consideration to the fact that the Centre Manager has the right to exclude any child if their behaviour poses a significant danger to others.

Direct disclosure

A child's initial disclosure of abuse is a critical moment, and your response is extremely important. It may be direct or indirect.

Direct disclosure is a direct statement specifying that they have been abused. No further questions are necessary.

Go to reassuring response. Some examples of reassuring responses are:

- "I am glad you have told me"
- "I am sorry this happened"
- "It's not your fault"
- "I will help you"

DO NOT

- Overreact,
- Panic
- Criticise
- Ask leading questions.
- put words into a child's mouth

DO

- Listen
- Believe what they tell you
- Allow them to tell you as much as they want to.
- Ensure the child's immediate safety
- Once the child is emotionally safe with the care of a trusted adult in the centre, consult with the centre manager and implement Appendix 4.

Indirect disclosure

This is often used by children to see if this is a safe place/person to disclose to. It allows them to change their mind about disclosure if it is not a safe place for them. 50% of children will disclose to a friend first.

The clarifying statement when we hear an indirect disclosure is

"Whys that?"

This may lead to a disclosure in which case we follow the *procedure outlined in page 17-20*.

If no disclosure is made, we record the statement on an *incident report template (pages 21)*. The report will include date, time, what was said, who was present etc. The centre may choose to consult with other agencies. If ORANGA TAMARIKI is consulted, we will outline this is a consult, not a report of concern. ORANGA TAMARIKI will let us know if consulting with the family is appropriate.

Identifying vulnerabilities to abuse

Everyone goes through periods of vulnerability at times in their life, such as a job loss, a death in the family etc. It is the support we receive and the coping mechanisms we employ that support us through the vulnerability.

This child protection policy guides staff to help identify and respond to the needs of vulnerable children whose wellbeing is of concern and where the involvement of statutory may be inappropriate and potentially cause harm to families/whaanau.

Vulnerability for children is defined as:

“Children who are at significant risk of harm to their wellbeing now and into the future as a consequence of the environment in which they are being raised and, in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider community”

(pg. 8, white-paper-for-vulnerable-children-volume-1)

There are many issues that may contribute to child abuse, but some factors increase the risk to children and make them more vulnerable to abuse. They can be found in the background of parents, in the environmental situation and in attributes of the child themselves.

These factors can be significant in alerting a bystander or family member to offer support to a family and keep a caring eye out.

Parental factors:

- Parent has already abused a child
- Pregnancy was not wanted
- Parent has a background of abuse when growing up
- Young, unsupported mother often with low education
- Parents have unrealistic expectations of the child and lack parenting knowledge
- Parent is isolated and has few supports
- Parent has a mental illness or is abusing drugs or alcohol

Environmental factors:

- Overcrowding in the house
- Poverty or lack of opportunity to improve the family's resources
- Family violence is present
- A non-biological adult living in the house
- Family is experiencing multiple stresses

Child factors:

- Baby is sickly, colicky, or unwanted
- Child has a physical or developmental disability
- Child is the product of an abusive relationship
- Lack of attachment between child and parent

Ways to help vulnerable families:

- Listen and let them know you care.
- Provide encouragement and offer practical support.
- Put people in touch with those who are there to help – there are lots of groups in the community who provide support for families.
- Talk to someone experienced for a different point of view.
- If the family won't accept help, let someone know you are concerned, for example your manager or senior teacher.

Allegations of concerns about staff

Whaingaroa Childcare will respond to suspicions and allegations of child abuse by a staff member in a manner which best ensures a child immediate and long-term safety and will treat suspicions or allegations against a staff member with the same seriousness as those against any other person.

- When abuse by a staff member is suspected or reported we will follow **responding to abuse and neglect process on page 8 and the reporting process for child abuse on pages 17-20**.
- The safety of the child will be the primary consideration, and no person in this organisation shall collude to protect an adult or an organisation.
- The suspected staff member shall not have any contact with the child or adult making the allegation.
- The suspected staff member will also be prevented from having immediate further unsupervised access to any children and shall be suspended from employment on full pay pending an investigation (as per employment contracts).
- Inform the suspected person they have the right to seek legal advice, including from a Union/representative body.
- Legal advice for managing the suspension and investigation shall be sought from our employment lawyers and will at all times abide by current employment and child protection laws.
- We recognise the added stress to fellow staff in such situations and will ensure support is available.
- Under the Education Act, employers MUST make a mandatory report to the Teaching Council in certain circumstances.
 - Reason to believe teacher has engaged in serious misconduct – **see Mandatory reporting process**. The examples of types of serious misconduct that need to be reported
 - Any dismissal of a teacher for any reason
 - A teacher resigning 12 months or less after a conduct or competence issue raised – if a teacher resigned or their contract ends, and the school or centre told the teacher it was unhappy with or was going to investigate the teacher's conduct or competence within less than 12 months before the teacher's resignation.
 - Complaints about teachers who recently left – if the school or centre receives a complaint about the conduct or competence of their former teacher, less than 12 months since after the teacher's employment ended
 - Competence – if, after taking steps to address the problem, the school or centre believes the teacher hasn't reached the required competence level

Employee safe practices guidelines

All adults working at Whaingaroa Childcare shall be aware of and follow all safe working practices of the centre.

Adults shall:

- Model appropriate behaviour with other adults as well as children, including safe touching (ie displays of affection and empathy when a child is hurt)
- Use positive guidance techniques when responding to behaviour issues
- Use simple, clear and friendly direction
- Be visible to others when applying sunscreen
- Ensure they are visible to others when working with children
- Educate children about safe and unsafe touch, the names of body parts, how to say no and why some secrets are not good to keep
- Never be alone in the centre with children, other than their own
- Ask questions and challenge poor practice
- Delete photos taken of children as soon as practicable, in line with the ICT procedure.
- All materials/resources are checked for appropriateness before being given to children (i.e., Magazines)

Adults shall not:

- Physically restrain a child unless to protect the safety of the child or others.
- Inflict physical or verbal punishment
- Isolate children
- Deny children food or drink
- Label children with derogatory words
- Shame or compare children unfavourably
- Ignore unacceptable behaviours

Observation and documenting concerns

We require staff to be observant. If you have a concern regarding a child (i.e., observation of an unusual behaviour, evidence of injury etc) then you must **document this concern** and pass it onto your team leader/manager immediately who will help them determine the appropriate course of action.

No staff member should act alone.

Your written observation/statement will be retained by the centre as confidential information and kept on file for our records.

We require that you consult with other team members and the Centre Manager to make a final decision whether it is appropriate to report your observation to an external agency (guidelines previously stated throughout the policy). Your statement/identity will not be revealed by the centre to any third party (except any agencies required to support the centre) and only in consultation with you or as required by law.

Alcohol and drugs

The centre has a zero tolerance for staff use of drugs at any time and suspicions will be reported to the Teaching Council. We have policies in place to ensure that no staff member is under the influence of drugs or alcohol whilst working in the Centre. *(See the Smoke, vape, drug and alcohol-free procedure).*

Internal child protection processes

- We shall maintain high teacher: child ratios
- In accordance with the Children's Act 2014 all employees present during Centre opening hours shall be subject to a full safety check before commencing employment.
- Safety checks are renewed at least every three years *(see Safety Checking procedure)*
- Our learning environment is designed to ensure good visibility in most areas.
- Children's bathrooms have viewing windows and no closed doors. At least 1 toilet is designed to give privacy to the user.
- Children's sleep rooms have viewing windows.
- Only adults named on the enrolment form can collect children from the Centre. If anyone other than those named on the enrolment form is to collect a child, the parents/guardians are required to give permission to the teaching team, which must be followed up in writing.
- Permissions from parents is required for their child to participate in Centre outings.
- A complaints procedure ensures issues of concern are dealt with appropriately.
- Visiting students are not allowed to change or toilet a child unsupervised and are not to be left alone with any child or group of children, including in the sleep room.
- Relievers shall only be allowed to toilet or change children with the permission of the team leader.
- Written documentation is kept on any issues of concern a teacher may note about a child.

Curriculum

Educating children to prevent abuse

Most of this policy relates to responding to child abuse; this means abuse and therefore harm has already occurred.

One of our key aims is to educate children to prevent abuse happening in the first instance.

We shall teach information such as:

- Boys and girls are different
- Accurate body names for body parts
- Babies come from mummies
- Rules around personal boundaries (for example, keeping private parts covered, not touching other children's private parts)
- Give simple answers to questions about the body and bodily functions
- The difference between okay touches and not okay touches
- Your body belongs to you
- Everyone has the right to say no to being touched, even grown ups
- No one has the right to touch your private parts
- It is okay to say no when adults ask you to do things that are wrong – such as touching their private parts or to keep secrets from Mummy and Daddy
- The difference between a surprise (something that will be revealed soon, like a present) and a secret (something you are not supposed to tell).
- Who to tell if people do not okay things to them or ask them to do not okay things to others?

- That if a stranger tries to get you to go with him/her run and tell a parent, teacher, neighbour, police officer or other trusted adult

Tips for parents

Keeping children safe starts from birth and parents have a huge role to play in keeping children safe.

These are a few, well tried tips that parents might find helpful.

- Tell children that if someone tries to touch their bodies in a way that makes them feel “funny” or “bad” to say no then go tell an adult they trust.
- Talk to children every day about their contacts with other people. Ask them about their feelings. This helps to encourage your children to feel comfortable talking to you about anything.
- Do not teach your children blind obedience to adults. Don’t teach children to do everything a baby-sitter or teacher tells them. Instead teach them that most adults are good people to be respected but that they should listen to their own hearts; tell them that it’s OK to say no to an adult if they want the child to do something they know is wrong.
- Teach your children the correct names for their body parts, as well as any nicknames you might use. Take away the embarrassment children have about talking about “private parts”.
- Teach children the difference between good touches and bad touches. Explain to them that while it is OK for a doctor to touch their stomach to see what’s wrong, it is not OK for Mr. Jones to touch them in their pants.
- Teach your children not to keep secrets from you and don’t encourage secret keeping in your family. Tell your children that they can always tell you anything no matter what anyone tells them.
- Play “what if” games with your children. Create scary and/or confusing situations and ask children what they would do in these situations, for example ask, “What would you do if someone wanted you to play undressing games?” Make sure you balance these games with questions about good touches

Resources

- **The Child Act 2014** <http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html>
- **Oranga Tamariki Act 1989** <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>
- **Sexual abuse support** www.sexualabuse.org.nz
- **The White paper** <https://www.mvcot.govt.nz/assets/Uploads/white-paper-for-vulnerable-children-volume-1.pdf>

Contacts

- **Police – 111**
- **Ministry of Education** enquiries.hamilton@education.govt.nz 07 850 8880
- **Oranga Tamariki** [0508 326 459](tel:0508326459)
- **Child Matters** [07 838 3370](tel:078383370)
- **Special Education Traumatic Incident Coordinator** 0800 84 83 26
- **Are You OK** [0800 456 450](tel:0800456450) (Family Violence Information Line)
- **PlunketLine** [0800 933 922](tel:0800933922)

REPORTING PROCESS FOR CHILD ABUSE

You see a child being abused OR you observe signs of abuse in a child OR a child tells you they are being abused.

RESPOND TO THE CHILD'S NEEDS

- Ensure the child is safe from immediate harm. Call the Police if the child is in immediate danger.
- Attend to any physical or emotional distress in the child – take to hospital if appropriate.
- Listen to the child.

Are you a
staff
member?

IMMEDIATELY INFORM YOUR MANAGER

If the suspected abuser is your manager, inform the centre owner OR Oranga Tamariki 0508 326 459 or the Police Child Abuse Team.



PREPARE THE WRITTEN RECORD

Record:

- Date, time and place of observation/reporting of abuse
- Names of anyone present
- What the child says – exactly.
- Any physical or behavioural signs of abuse.

GIVE THIS TO YOUR MANAGER

Are you
the
person in
charge?

**CALL THE
POLICE IF THE
CHILD IS IN
IMMEDIATE
DANGER**

111

**Go to
next
page**

REPORTING PROCESS FOR CHILD ABUSE

PERSON IN CHARGE

GATHER INFORMATION

Ensure you have a full report from the person who identified the abuse or the abuse was disclosed to.

Offer them support and get them to sign the report. Tell them what actions you are going to take. Ring Oranga Tamariki 0508 326 459 and discuss your concerns. O.T will tell you if you need to do a formal report about your concerns (AS BELOW)

REPORT ABUSE

Ring Oranga Tamariki 0508 326 459 and tell them:

If an emergency, call the Police child abuse team

- Your own name and contact details
- Name of child/ren (also known as/nicknames)
 - Date of birth (if known)
 - Ethnicity (if known)
- Name of caregivers, parents and other family members and current living situation
 - Current legal custodians
- Reasons why you believe the child has been abused
 - Other significant background information
- Any concerns for your physical safety in making this notification

ASK WHAT HAPPENS NEXT – get a timeframe

MAKE A HS34 REPORT TO THE MINISTRY OF EDUCATION 07 850 8880

Alleged
abuse by
someone
OUTSIDE
the
centre

Work with
Oranga tamariki
to decide how
and when
parents are told

Alleged
abuse by
someone
INSIDE
the
centre

OUTSIDE THE CENTRE

You are most likely to suspect the abuse is by a parent but you cannot assume this.

If you are concerned about the child going home, tell Oranga tamariki or the Police this.

While the child is in your care, ensure the child is not at risk of being further abused.

INSIDE THE CENTRE

- **Maintain close liaison with Oranga Tamariki/the Police and discuss any actions you want to take with them first.**
- **Discuss with Oranga Tamariki/the Police who will tell the suspected abuser of the allegation and whether the suspected abuser should remain on the ECE premises ***
- **Recommend the suspected abuser seeks support from a union or lawyer.**
- **Ensure records are kept of any comments or event relating to the complaint(s) and/or allegations and follow up action is taken and documented.**
- **Get employment/legal advice where appropriate.**

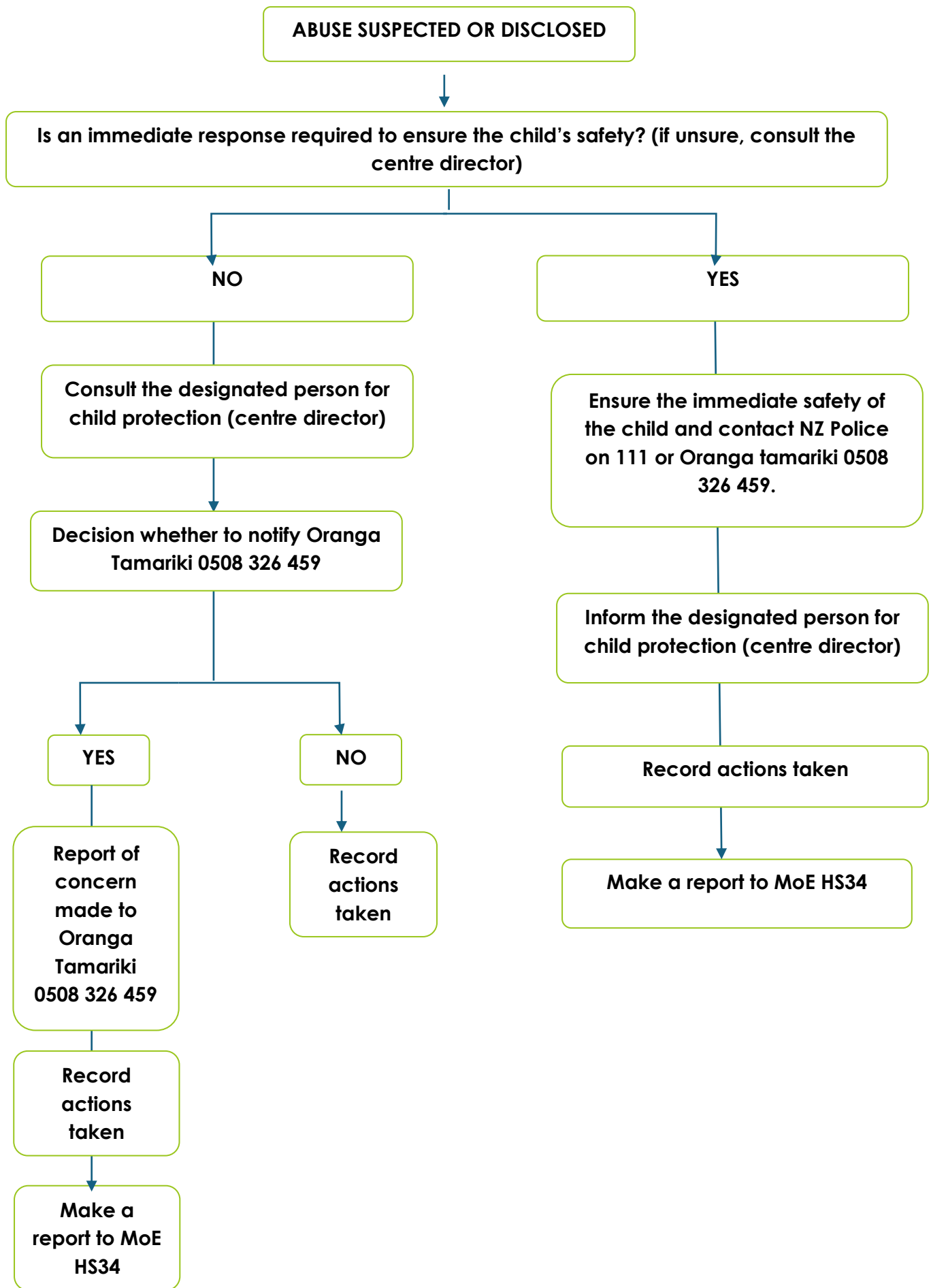
ATTEND TO THE HEALING OF YOUR COMMUNITY

If there is disruption to the ECE service or community, negative impacts on other children and/or staff, or media interest contact.

SPECIAL EDUCATION TRAUMATIC INCIDENT CO-ORDINATOR

For support on 0800 848 326

FINALLY, GET SUPPORT FOR YOURSELF!



Strictly Confidential

Record of Incident or Allegation

Name/s of child/ren:

Date:

Time:

What happened or was alleged? (Be clear, use anatomical words):

How did the teacher manage the behaviour / situation?

How did the child/ren respond?

What action was taken?

Staff involved?

Note taker:

Strictly Confidential

Record of Concerning Sexual Behaviour

Name/s of child/ren:

Date:

Time:

What happened? (Be clear, use anatomical words):

Behaviours that may be of concern:

- an apparent preoccupation or obsession with sexual behaviour that the child cannot stop even when asked
- behaviour out of balance with the peer group
- preoccupation with touching other children's genitals even when told not to
- wanting to compare genitals with much older or much younger children or adults
- attempts to engage in oral, anal or vaginal sex
- inserting objects in own or others genital/rectum
- touching animals' genitals
- persistent and public masturbation
- excessive interest in or preoccupation with sexual media
- any behaviour that involved force, coercion, aggression or sneakiness
- behaviour where there is a marked difference in age, intellectual functioning, emotional development, power/authority and size difference.

How did the teacher manage the behaviour?

How did the child/ren respond?

Note taker:

Describing injuries

Abrasion - a superficial scraping injury of the body surface with or without bleeding

Bruise - Leakage of blood from blood vessels discolouring the tissues of the body

Incision - A cutting type injury that severs tissues in a clean and generally regular fashion

Laceration - A tear or split in the tissues

In describing a wound consider the following features:

- Site
- Size
- Shape
- Surrounds
- Colour
- Contours
- Course
- Contents
- Age
- Borders
- Classification
- Depth



Child:
Teacher 1



Date:
Teacher 2:

Time:

Developing a Safety Plan

The development of a safety plan requires input from caregivers, family members, and the child/adolescent with sexual behaviour problems. All parties should think carefully and candidly about times and situations when the child/adolescent is most likely to have problems. It is important to be as specific as possible. A safety plan should include all environments that the child/adolescent comes in contact with (i.e., home, school, community).

When appropriate, ensure that the safety plan is well communicated to all those working with the child/adolescent (i.e., support staff, school, babysitters, etc.).

A safety plan can be created in two formats. For younger children or youth with developmental delay, a plan outlining concerns, behavioural expectations, and adult intervention is beneficial.

A. Reasons for the Safety Plan

The first step in the development of a safety plan is to clearly define the risks, problems, or issues.

Example: Jane touches herself inappropriately while watching television in the family room. This occurs daily.

Example: Jordan uses inappropriate language when playing with other children on the playground equipment.

B. Rules and Expectations

i) Be clear about whom or what you need to protect, such as:

- The child - Other children – Property - Pets - People in the community

Example: Jane's behaviour is inappropriate to other children and family members in the home. Family members will be upset with Jane and want her to leave the family room.

Example: Children and adults are offended by Jordan's language. Jordan will be unwelcoming on the playground equipment and will not be allowed to play there with the neighbourhood children.

ii) Pinpoint when the behaviour occurs and where it is likely to occur, for example:

- When bedroom doors are shut, and others are in the same room
- When playing with specific children
- When left unsupervised
- When told no, or limits are set
- While doing mindless activities
- When returning to home
- When visitors come to the house
- At night

iii). Determine who is involved in the plan.

- Determine which adult is doing what action
- Remember to share the plan with all caregivers, including short term babysitters.

iv). What reinforcements are in place for positive choices? What consequences are in place for negative choices?

v. Consider options for the safety plan. For example:

- Appropriate activities
- Doors are to stay open while playing with friends or siblings
- An adult needs to be shadowing at all times whilst at centre
- Never alone with pets
- No room mates
- No overnight stays with friends
- No unsupervised access to the bathroom

Example: Mom or Dad will give Jane a stress ball to squeeze while watching television. Respond to Jane calmly by saying "Jane you are touching yourself in a way that is upsetting to the rest of us. Please keep your hands busy by squeezing this stress ball."

Example: Dad will go with Jordan to the playground to supervise him while he plays on the playground equipment. Dad will tell Jordan – before he begins to play on the playground equipment – that if he uses language that is upsetting to others (swear words, crude language) he will have to leave the playground. If there is any inappropriate language Dad and Jordan will leave the playground

C. Support Plan

i). Determine when the plan will be reviewed.

- When will you reassess the plan?
- What change are you looking for within your child/adolescent or the behaviour?
- How will change influence future safety plans/privileges?

ii). What if the plan fails?

- If preventative measures don't work, have a list of support people to call to help problem solve until you find a solution that works.
- If the child/adolescent's behaviour is a crime against another person or property you/parents may have to call the police.

iii). Re-evaluate the plan with all involved to ensure that the plan works for the family, home and community.

- What worked well?
- What didn't work well?
- When did the plan fail?
- Was anything overlooked?
- What can you do better next time?

D. Available Supports

Determine who is an available support, what their role is, and when to contact them.

Example: Mary, Jane's social worker can be of help for problem solving.

Safety Plan



This safety plan has been developed to help _____
with his/her inappropriate sexual behaviours.

Reasons for Safety Plan (List all concerning behaviours)

Rules and Expectations (List each rule individually and be clear about whom or what you need to protect, such as: - The child - Other children – Property Pets - People in the community. Be specific)

1) _____

2) _____

3) _____



Support Plan (How will this plan be monitored for success? If things aren't working, what is to be done?)

Available Supports (Who is available to support the child and caregivers?)

Support	Role	When to contact	Contact Info

Date: _____

Attachments

1. Child abuse reporting flowchart
2. Record of incident template
3. Record of concerning sexual behaviour template
4. Describing injuries template
5. How to create a safety plan
6. Safety plan template

Links to Other procedures

Safety checking	Soiled Children
Mandatory reporting	Excursions
Human resources and management	Student teacher code of conduct
Sun safety	Complaint's procedure
Supervision	Positive guidance
Sleeping children	Nappy, toiletings

Links to Licencing Criteria C13, PF2, PF22, PF25, HS3, HS31-34, GMA 1,2,4,7a and 12

Links to Te Whaariki

Wellbeing G2	Their emotional wellbeing is nurtured
Wellbeing G3	They are kept safe from harm

Documents/websites consulted:

- Licencing criteria
- Safer Organisations, Safer Children.
- Sexual abuse.org.nz
- Oranga Tamariki: Working together to support tamariki, rangatahi and their family/whānau
- Vulnerable Children's Act 2014: A practical guide for Early Childhood Education Services, Ngā Kōhanga Reo, Playgroups, Schools and Kura

POLICY REVIEW DATE: April 2025

NEXT REVIEW DATE: April 2026

This policy is reviewed annually, when there are legislative changes or any other time deemed necessary.